examination showed no deviation from the standard of health; nothing, indeed, beyond an unusual accumulation of fat in those regions where fat is normally present. No increase in the amount of urea excreted was ever noticed; albumen and sugar were never met with in the urine. While thus confirming Keyes' facts, the author dissents from his interpretation of them. He does not think that we are justified in ascribing tonic properties to mercury administered after this fashion. The increased number of red corpuscles, together with the accumulation of fat, point rather, in his opinion, to some influence of an inhibitory kind slowly and continuously exerted by the metal upon the processes of oxidation going on in the body.—*London Med. Record*, May 15, 1881.

Antipyretic Action of the Phenols.

Professor LICHTHEIM (*Breslauer Aerztl. Zeitschr.*, 1881, No. 1) regards the alarming symptoms observed by Jänicke during the use of resorcin as the result, not of the direct action of the drug, but of the rapid rise of temperature following the cessation of its action. Professor Lichtheim has made experiments also with the two other members of the dihydroxylbenzol group, hydroquinone and pyrocatechin, and also with phenol (carbolic acid), in relation to their antipyretic action when given internally. From these experiments, it appears that there is a distinct and concomitant parallelism between the antifermentative and antipyretic actions of these substances. In order of antipyretic doses, they stand as follows: phenol, 4½ to 6 grains; then hydroquinone, 12 grains; and pyrocatechin, 15 grains; weakest of all, resorcin, 46 grains. Owing to the fleeting reduction of temperature, and the subsidiary actions produced, Professor Lichtheim's opinion is that these drugs will not stand comparison as antipyretics with quinine and salicylic acid.—*London Med. Record*, May 15, 1881.

Apomorphia as an Expectorant.

BECK concludes (*Deutsche Med. Wochen.*, Feb. 1881) that apomorphia is decidedly superior to ipecacuanha, antimony, and the preparations of ammonia, in the treatment of bronchial catarrh, whether of primary or of secondary origin. It should be given in the first stage of the disease, when the cough is dry, and only sonoro-sibilant rhonchi are heard over the chest. Within twenty-four hours free expectoration sets in, and bubbling crepitation takes the place of the dry sounds. In the broncho-pneumonia of children, it should be given during the stage of resolution, to promote the expulsion of the inflammatory products from the bronchi. In acute laryngitis, its usefulness is very doubtful. The following is the prescription employed by the author: Hydrochlorate of apomorphia, gr. j; dilute hydrochloric acid, ♏xx; syrup, ℥j; distilled water, ℥iv. Of this mixture, a teaspoonful may be given every hour to children between three and ten years of age. Adults may take a tablespoonful every three or four hours. Given in this way, apomorphia does not give rise to nausea, or disturb digestion.—*London Med. Record*, April 15, 1881.

Intra-Peritoneal Transfusion.

To obviate many of the difficulties and dangers of intra-venous transfusion Ponfick has introduced a method of injecting defibrinated blood into the peritoneal sac, and has availed himself of the rapid absorption occurring from serous surfaces. His example has been followed by others, and KACZOROWSKI has recently published his results in the *Deutsche Med. Wochenschr.* He employed the method first in a case of puerperal septicæmia, and then in five other cases of anæmia and extreme exhaustion. He injected from 250 to 500 centimetres, and in one case repeated the larger quantity. In one case only was there no substantial result. The local reaction of the puncture, which he recommends should be done under antiseptic precautions, he found to be very slight, and even the entrance of pure air to be harmless. He recommends that intra-peritoneal transfusion should be practised in cases of protracted fever where there is threatened paralysis of the heart, and also in chronic anæmia without fever.—*Lancet*, March 26, 1881.

MEDICINE.

Transfusion of Blood in a Case of Acute Typhoid Fever complicated with Intestinal Hemorrhage.

This case, reported by GIBERT (*Bull. de l'Acad. de Méd.*, March 29, 1881), was that of a patient attacked by typhoid fever, in the first instance without any special characteristics, which at the end of thirty-one days, suddenly manifested peculiar symptoms: first, a state of syncope, followed shortly after by great restlessness, at the moment when a small bloody evacuation appeared for the first time. In a fit of great excitement, the patient having got out of bed, and in the midst of the struggle to put him into bed again, evacuated *per anum* about 1500 grammes of coagulated blood, extremely fetid, evidently proceeding from a mesenteric artery. Delirium supervened, as well as such a state of weakness that believing death to be near, Dr. Gibert attempted during the course of the night transfusion of blood, an operation in which, in consequence of operative difficulties, he thought he could only inject from 25 to 30 grammes of blood. The general condition being rather more satisfactory, a second injection of 90 grammes of blood was performed the following morning. A sudden and lasting improvement showed itself immediately, of which the brain was the first to feel the effects; the heart beat normally, and the first sound became perceptible. Cardiac impulsion was felt, and the patient, aroused from his death struggle, was able to take nourishment. Convalescence soon set in, and the cure is at the present time complete. M. Gibert is uncertain whether this case of transfusion is exceptional and without value, from the point of view of general pathology, or whether it is a case which should guide the physician. Whenever the typhoid patient, especially when he has lost much blood, is in an organic incapability of living if the blood is not renewed, which is often the case—if at this moment the physician intervene by transfusion, he will more often than has been hitherto believed have the chance of saving life.—*London Med. Record*, April 15, 1881.

Diagnosis of Yellow Fever for Sanitary Purposes.

Dr. S. M. BEMISS, in an excellent paper read at the late meeting of the Louisiana State Medical Society (*New Orleans Med. and Surg. Journal*, May, 1881), laid down the following propositions which were unanimously endorsed by the society:—

I. For sanitary purposes the following groups of symptoms shall be considered to indicate yellow fever:—

Group 1st.—A person after (a) a sudden attack, has (b) a fever of one paroxysm, attended with (c) marked congestion or blood stasis of capillaries of surface, conjunctivæ, and gums; with (d) a history of probable exposure to infection, and (e) no history of a previous attack of yellow fever.

Group 2d.—A person after (a) a sudden attack, has (b) a fever of one parox-